

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -1 PM 3:11

DOCUMENT # P0000037707

1. Corporation Name
Netmound of Florida, Inc.

2. Principal Office Address
Two So. Biscayne Blvd

3. Mailing Office Address
Two So. Biscayne Blvd

Suite, Apt. #, etc.
1570

Suite, Apt. #, etc.
1570

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33131 USA

Zip Country
33131 USA

4. Date Incorporated or Qualified
To Do Business in Florida 4/10/00

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name
Lawrence R. Heller, Esquire

300005080863-0

Street Address (P.O. Box Number is Not Acceptable)
Two South Biscayne Boulevard

-03/11/02--01061--018
****908.75 ****908.75

Suite, Apt. #, Etc.
#1570

City
Miami

State Zip Code
FL 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/26/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Hector Dumontet	c/o Two So Biscayne Blvd Suite 1570	Miami, Fl 33131

Handwritten initials/signature

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02 305 3583580
Date Daytime Phone #